

BENTON-FRANKLIN HEALTH DISTRICT:

We don't just give flu shots

...but don't forget to get yours

Dr. Amy Person, Health Officer
November 9, 2016
Washington State Board of Health



Summary – Services Offered

Healthy Communities, Healthy People

- Women, Infant and Children
- Peer Counseling
- Oral Health
- SafeKids
- Safe Babies, Safe Moms
- Immunizations
- Refugee Health
- Nurse-Family Partnership
- Child and Family Health

Surveillance and Investigation

- Communicable Disease
- STD, HIV/AIDS
- Tuberculosis
- Travel Medicine
- Food Safety
- Solid Waste
- Land Use, Sewage, Water
- Water Lab
- Emergency Preparedness and Response

Financials

Number of Employees: **94**

Budget: **\$9.7 million**

Offices: **Kennewick** and **Pasco**

Satellite Clinics: **Benton City** and **Connell**

Funding Stream	Amount	% of Budget	# of Programs Supported	Examples
Indirect Federal Grants	\$3,738,738	38%	11	Women, Infants, Children (WIC), Emergency Preparedness and Response, Nurse Family Partnership, Refugee Health
State Grants	\$309,545	3%	3	Solid Waste , HIV Case Management
State Public Health Assistance Funds	\$1,614,339	17%	11	Assessment, Communicable Disease, Violence & Injury Prevention, Vector
County Contributions	\$997,036	10%	3	Administration, Tuberculosis, Nurse Family Partnership (via Criminal Justice Sales Tax)
Licenses and Permits	\$1,214,358	12%	4	On-Site Sewage, Food, Pools
Fee for Service	\$1,913,642	20%	7	Immunizations, Vital Records, Water Laboratory

Accreditation

As of **8/23/2016** BFHD is officially an Accredited Public Health Agency.

Accreditation was awarded by the Public Health Accreditation Board (PHAB).

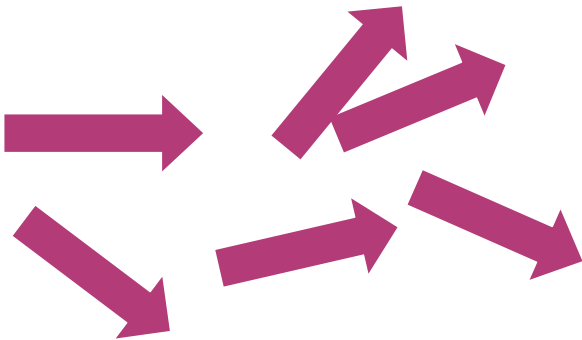


BFHD's performance was measured against a set of nationally recognized, practice-focused and evidenced-based standards. PHAB expectations are defined and work to improve services, value and accountability to stakeholders.

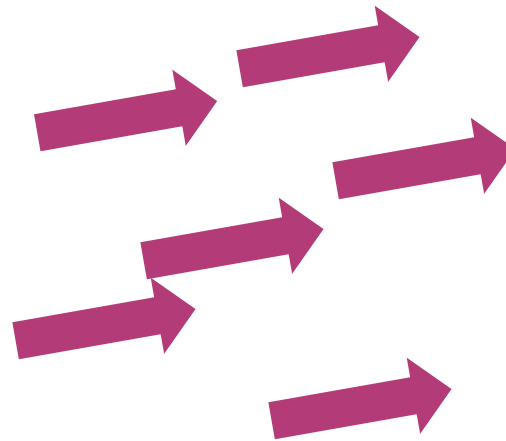


Collective impact

ISOLATED IMPACT



COLLECTIVE IMPACT



The Health Gradient



Adapted from the source: *Making Partners: Intersectoral Action for Health 1988 Proceedings* and outcome of a WHO Joint Working Group on Intersectoral Action for Health, Netherlands;

Public health is essential

From surveillance on emerging issues...

Morbidity and Mortality Weekly Report

Notes from the Field

***Coccidioides immitis* Identified in Soil Outside of Its Known Range — Washington, 2013**

Nicola Marsden-Haug, MPH¹, Heather Hill², Anastasia P. Litvinseva, PhD³, David M. Engelthaler, MS⁴, Elizabeth M. Driebe, MS⁴, Chandler C. Roe, MS⁴, Cindy Ralston², Steven Hurst, MS³, Marcia Goldoft, MD⁴, Lalitha Gade, MPharm³, Ron Wohrle, DVM¹, George R. Thompson III, MD³, Mary E. Brandt, PhD³, Tom Chiller, MD³ (Author affiliations at end of text)

Coccidioidomycosis ("valley fever") is caused by inhaling spores of the soil-dwelling fungi *Coccidioides immitis* or *Coccidioides posadasii*. Most infections are subclinical. When clinical manifestations do occur (typically 1–4 weeks after exposure), they are similar to those associated with influenza or community-acquired pneumonia. Disseminated disease is rare. Residual pulmonary nodules can lead to chronic lung disease. Isoniazide or other triazoles often are used for treatment, but cases often resolve without specific therapy. A total

Soil samples were refrigerated at the Washington State Public Health Laboratories until August 2013, when they were sent to CDC's Mycotic Diseases Laboratory. A novel real-time polymerase chain reaction assay developed by the Translational Genomics Research Institute was used to detect *Coccidioides* DNA in six of 22 soil samples. Viable *C. immitis* was isolated from four of the six soil samples using a modified yeast extract medium. Sequencing of rDNA and three other genes confirmed the isolates as *C. immitis*. The environmental isolate genotypes were identical to a clinical isolate from one patient by whole genome sequencing. This is new direct evidence that the infections were acquired in Washington and that *C. immitis* exists in this environment clearly outside the recognized endemic area.

Health-care providers should be aware that *C. immitis* is present in south central Washington, and should consider the diagnosis in patients with clinically compatible illness.

Notes from the Field

Investigation of a Cluster of Neural Tube Defects — Central Washington, 2010–2013

During August 2012, a health-care provider in central Washington alerted the Washington State Department of Health (DOH) about an excessive number of anencephaly births at a local hospital. After examining referral patterns for high-risk pregnancies in central Washington, DOH identified pregnancies affected by a severe neural tube defect (NTD) in a three-county area. Case findings included a review of area hospital discharge records for *International Classification of Diseases, Ninth Revision* codes 740, 741, 742, or 655.0; vital statistics reports; and perinatology office records. From these sources, 27 confirmed NTD-affected pregnancies occurring during January 2010–January 2013 were identified among women residing in the three-county area. Twenty-three pregnancies were affected by anencephaly, three with spina bifida,

vitamins, and folic acid supplementation). Residential address during pregnancy was used to determine use of public versus private well-water supply.

No statistically significant differences were identified between cases and controls, and a clear cause of the elevated prevalence of anencephaly was not determined. DOH recommended reminding doctors about the importance of folic acid supplementation for women of childbearing age (2), and monitoring private well nitrate concentrations because of their potential association with birth defects and other adverse health outcomes (3). Active surveillance of new NTD cases began in February 2013 and will continue through 2013.

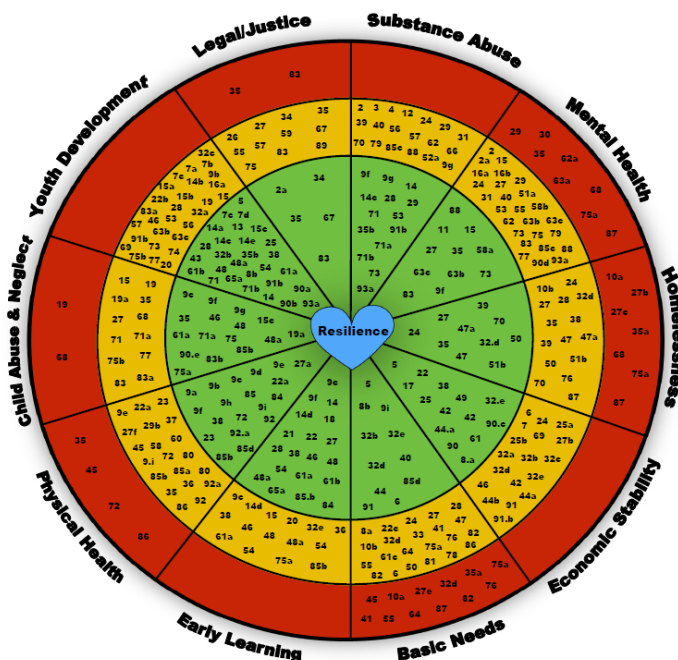
Reported by

Amy Person, MD, Benton-Franklin Health District; Ch Spitters, MD, Yakima Health District; Glen Patrick, MPH, C Washington DPH Dennis VanderKam, DPH, Ellensburg

....to collaborating on solving society's "wicked problems"

ACEs/Resilience Collaborative Guide to Community Services

This guide is a only a snapshot of agency services provided. For complete description of services as well as contact information, hours of operation, and specific requirements, please call 211, refer to the 211 database at www.win211.org, or download the win211 app available free on Google Play & iTunes.



Agencies listed are targeted towards reducing ACEs and/or building resiliency in families and children.

To download a copy go to:

<http://goo.gl/jxBVK9>

July 2015

Updated bi-annually

Key on Reverse

- Prevention/Promotion
- Intervention
- Crisis

For questions or requests for inclusion please contact Robin Henle at robinh@bfhd.wa.gov or Joyce Newsom at jnewsom@pfp.org

Health Equity

Health means so much more than just the absence of illness and any discussion or assessment of health must consider the social, economic and physical environment. Increasingly, where we live influences how long we live. Significant differences in life expectancy can be found between neighborhoods just a few blocks apart and they often parallel differences in social and economic factors such as income and education.

Why People 2020 defines health equity as
"The second Community Health
...focused on the preventable
...reaching their

"The essence of global health equity is the idea that something so precious as health might be viewed as a right."

-Paul Farmer

outcomes resulting from health inequities are preventable, but the changes needed to improve health outcomes must occur at the community or society level.

In order to create social and physical environments that promote health, necessary to understand the determinants of health. health are the

Source:
2016 Community Health Needs Assessment
Benton and Franklin Counties, Washington

Questions?